

**A CONTROVERSY: SHOULD CLINICAL PSYCHOLOGISTS
HAVE THE RIGHT TO PRESCRIBE?**

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Prescribing Medication, a Hot Issue Today

It is a controversial issue whether the psychologist should have the right to prescribe psychotropic medications, something that historically has been in the realm of the psychiatrist. It is the state law that mandates who can legally prescribe in the United States, and the psychologist has not been on the list, which includes physicians, optometrists, nurse practitioners, and medical assistants. Some of them with limited practice to specific drugs or under the supervision of a physician (Rychnovsky, 2000).

Some psychologists have designed a strategy to gain prescription privileges. A group of 24 psychologists recently graduated with a master of science in nursing (MSN) from Felician College of New Jersey. This college developed a part-time program and after graduation the psychologists can be certified as advanced practice nurse (APN) and allowed to prescribe (Rychnovsky, 2000).

The APA is Closing the Lines to Fight the Battle

The APA has been so involved in the controversy that keeps students informed. The Clinical Psychologist Carol Williams-Nickelson, in an article published on the APA winter 2000 newsletter, summarizes the arguments of the controversy. From the psychiatrists' point of view, first of all, if psychologists want to prescribe medication, they should go to medical school. Second, psychologists are going to become greedy pill-pushers. Prescribing is going to change the scope of their profession, causing that they quickly write prescription and abandoning the psychological models of treatment. Third,

psychologists consider the right to prescribe an additional tool, not intended to replace the unique services that psychologists already deliver (Williams-Nickelson, 2000).

In the debate whether the psychologists should have the right to prescribe, everybody agrees that they can be trained to prescribe medication. "The correct question is whether doing so is in the best interest of the public and of clinical psychology. (Coan, 2002)."

However, the Congress approved funds for a military project, to train and study the benefits of giving prescription privileges to 10 psychologists. They were assigned to military treatment facilities with a case load similar to the ones of the psychiatrists, and "Military reviews found that the program provided high-quality care with no adverse outcomes (Rychnovsky, 2000)."

Psychologists Are Capable and Trainable

The APA appointed an ad hoc task force to study the training that the psychologists who want to prescribe should receive. The task force endorsed the following guidelines. At level 1, three to five credits class, which corresponds to Basic Pharmacology, the student is not expected to have prescription rights privileges. Level 2, which includes level one, seven "topics" and a supervised clinical experience. These topics could include psychodiagnosis, pathophysiology, developmental psychopharmacology, and psychopharmacologic research. The level 3 is designed to have prescription privileges, with a limited practice, similar to those that the dentists have. Thus, the task force proposes a curriculum of 26 semester hours, and it also proposed a curriculum to retrain the current psychologists who want to prescribe (Coan, 2002).

As soon as the Nebraska Medical Association and the Nebraska Psychiatric Association acknowledged that the state was in the midst of a mental health crisis, both in urban and rural areas, the debate between psychologist and psychiatrists began. The state situation was regarded by Dr. Stephen M. Pfeiffer, a member of the Association for the Advancement of Psychology, a "life-or-death matter," and Dr. Stuckey, a member of the Nebraska's Rural Health Advisory Commission, stated "The unfortunate thing is, when they start talking about psychologists prescribing, we sort of lose focus on our initial goal... The problem is people out here have to wait for weeks for help, and they need help now (Robeznieks, 2002)." Nevertheless, the opinion of another psychiatrist of Nebraska, Dr. Ali Hashami, is: "To prescribe medication properly, the physician must know the patient from head to toe. We as psychiatric physicians must maintain a steadfast commitment to protecting and providing high-quality patient care," but apparently the need of the state population required emergency laws that attend the needs of the population, which are not really met (Hashami, 2001).

Thus, to the end of the year 2004, three American jurisdictions have passed legislation allowing psychologists to prescribe psychoactive drugs: Guam, Louisiana, and New Mexico, and in 16 more states, psychologist associations are making an effort to obtain rights to prescribe for psychologists. Thus, legislation has been introduced on Alaska, Arkansas, California, Connecticut, Florida, Illinois, Georgia, Hawaii, Missouri, Montana, New Hampshire, Oklahoma, Oregon, and Wyoming, and their discussion and approval are pending (Dodzik, 2004), (Frei, 2004), (Williams-Nickelson, 2000).

Non-physician clinicians, such as nurse practitioners, nurse anesthetists, optometrists, chiropractors, and others are now prominent health providers. The

Conclusion

Thus, the psychologists' rebellion and their battle against the psychiatrists' sole right to prescribe only began. It is unavoidable. It is the years of medical and psychiatric practice against the need of the community, the financial interest of the home maintenance organizations, the government agencies' limitations to provide community service on inner-urban and rural areas, and the psychologists' desire to expand their role and service. It is easy to foresee that the role of the psychiatrist to be the sole prescription provider is coming to its end. The APA is determined to gain the battle and has many allies. Some psychiatrists already understand that, the demand for psychiatric services is bigger than that they can cover, and consequently they cannot properly serve the population, who depend on physicians who have minimal mental health training. The writer of this essay is eager to see what is going to happen within the next five years on this battle. New Mexico was the first state to grant prescription rights privileges to psychologists and Louisiana the last. He wonders if Illinois, Tennessee, or Oklahoma is going to follow, or perhaps California. However, he agrees that the needs of the community should be over the personal or financial interest of a small group, either psychologists or psychiatrists.

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